

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County Jackson  
Township Kau  
City K.C. Mo.

Registration District No. 395  
Primary Registration District No. 1002  
(No. 114 St. Wheeling)

File No. 1351  
Registered No. 391  
St. 10 Ward

**2. FULL NAME**

Bell Fowler  
(a) Residence, No. 114 St. Wheeling Ward. 10  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Fe</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James A. Fowler</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov. 26 - 1865</u>		
7. AGE <u>66</u>	YEARS <u>2</u>	MONTHS <u>5</u>
If LESS than 1 day, ..... hrs. or ..... min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer.		

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Arkansas  
10. NAME OF FATHER Ben Peterson  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown  
12. MAIDEN NAME OF MOTHER Anna Bell  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

14. INFORMANT James A. Fowler  
(Address) 114 St. Wheeling  
15. FILED 71 32 M.M. Group  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 31 1932  
17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1932 to Jan 31, 1932 that I last saw h. alive on Jan 30, 1932, and that death occurred, on the date stated above, at 1:20 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Valvular Heart Disease  
92 A C  
106 D / 2 W (duration) 3 yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) Bronchitis (duration) yrs. mos. 2 ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Pherecia, M. D.  
1932 (Address) 16400 St. John Ave

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lutesville Mo. DATE OF BURIAL Feb. 2 1932  
20. UNDERTAKER Rose & Henderson ADDRESS 158 Jackson

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

L. M. Williams  
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